

**UNITED STATES BANKRUPTCY COURT  
FOR THE NORTHERN DISTRICT OF TEXAS  
DALLAS DIVISION**

In re:

CHRISTIAN CARE CENTERS, INC. and  
CHRISTIAN CARE CENTERS  
FOUNDATION, INC.,<sup>1</sup>

Debtors.

Chapter 11

Case No. 22-80000 (SGJ)

(Jointly Administered)

**PATIENT CARE OMBUDSMAN'S INITIAL REPORT**

In accordance with section 333(b)(2) of chapter 11 of title 11 of the United States Code (the “**Bankruptcy Code**”), the Appointment Order (as defined below) and the Appointment Notice (as defined below), Suzanne Koenig, in her capacity as the patient care ombudsman (the “**Ombudsman**”) appointed in the above-captioned chapter 11 cases commenced by Christian Care Centers, Inc. and Christian Care Centers Foundation, Inc. (“**Debtors**”), submits this initial report (the “**Initial Report**”) for the time period from July 5, 2022 through September 6, 2022 (the “**Report Period**”).

**I. GENERAL BACKGROUND**

On May 23, 2022 (the “**Petition Date**”), each of the Debtors filed voluntary petitions with the Court for relief under chapter 11 of the Bankruptcy Code. On June 23, 2022, this Court entered an order directing the appointment of a patient care ombudsman [Docket No. 183] (the “**Appointment Order**”). On July 5, 2022, the Office of the United States Trustee appointed

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<sup>1</sup> The Debtors in these chapter 11 cases, along with the last four digits of each Debtor’s federal tax identification number are: Christian Case Centers, Inc. (9664) and Christian Care Centers Foundation (3572). The Debtors’ mailing address is 900 Wiggins Parkway, Mesquite TX 75150.

Suzanne A. Koenig as the Ombudsman in these cases [Docket No. 213] (the “**Appointment Notice**”).

## **II. SUMMARY OF OMBUDSMAN’S MONITORING AND OBSERVATIONS**

The following summarizes the Ombudsman’s observations made during the Report Period. Any observations are based solely upon the visits referenced below and observations and interviews conducted during those visits as well as interviews and electronic mail communication conducted remotely with staff of the respective facilities.

### **A. Executive Summary**

The facilities included in this Initial Report are as follows (collectively, the “**Facilities**”):

<b>Facility Name</b>	<b>Address</b>
Christian Care Communities and Services-Allen	560 Prestige Circle, Allen, TX 75002
Christian Care Communities and Services-Fort Worth	5100 Randol Mill Road, Fort Worth, TX 76112
Christian Care Communities and Services-Mesquite	900 Wiggins Parkway, Mesquite, TX 75150

The Ombudsman and her representatives conducted one on-site inspection of each of the Facilities in August 2022.

### **B. Methodology**

The Ombudsman developed a standardized methodology to ensure consistency among all assessments made by the Ombudsman’s representatives visiting each Facility. Prior to the visits, the Ombudsman developed materials for use by the Ombudsman’s representatives consistent with the statutory requirements of section 333 of the Bankruptcy Code and the privacy requirements mandated under the Health Insurance Portability and Accountability Act (“**HIPAA**”) as they apply to the Facilities. The Ombudsman’s representatives used question guidelines for meeting with and

interviewing the professional staff, residents and family members and additional checklists created by the Ombudsman to encompass the full scope of potential resident care concerns.

Each site visit included two Ombudsman representatives, including one licensed registered nurse with knowledge and experience in assisted living and memory care operations and regulatory requirements. Each Facility visit required one to two days to complete depending upon the size and complexity of the Facility. Each Facility visit included a meeting with the executive director and the department heads, a Facility walkthrough and grounds tour, interviews with key professional staff, residents, and, where possible, family members. The Ombudsman and her representatives reviewed Facility records as part of their assessment process.

### **C. Inspection Summary**

In accordance with the Appointment Order, the Ombudsman and her representatives conducted only an initial visit to each of the Facilities during the month of August 2022. Based on these visits and certain follow-up inquiries, the Ombudsman did not observe any concerns regarding resident care at the Facilities. The Ombudsman has summarized the results of these visits below. As demonstrated by the summaries below, the Facilities are managed and maintained in a consistent manner, with similar policies and protocols resulting in similar visit outcomes for each Facility.

## **III. OMBUDSMAN'S MONITORING AND OBSERVATIONS BY FACILITY**

The Ombudsman has provided a detailed assessment on each of the Facilities. Each assessment includes observations of resident care with commentary about one or more areas of evaluation, including an overview of each Facility, regulatory compliance, activities and life enrichment, resident interviews, clinical services, risk management, medical records, infection control/COVID-19 protocols, dietary services, emergency preparedness, vendor relationships, and maintenance and environmental services.

## **A. Christian Care Communities and Services-Allen**

### **1. Overview**

Christian Care Communities and Services-Allen (“**CCCS Allen**”) is a 5.1-acre campus comprised a of two-story main building housing 50 assisted living apartments, 18 memory care assisted living apartments, and an additional 22 independent living cottages. The Ombudsman’s representatives visited CCCS Allen on August 16, 2022. As of today, the census is 88 out of 90 units for an occupancy rate of 91.1%.

The entrance sign at CCCS Allen is easy to read, with sufficient parking to accommodate visitors, staff, emergency, and ancillary service providers. The community grounds are well groomed and clean. Visitors can access CCCS Allen through one of two reception areas and once inside the Facility, they complete an electronic COVID-19 screening process and are issued a visitor badge. COVID-19 information is prominently posted, and sufficient hand hygiene supplies and face masks were available.

CCCS Allen has 91 employees including all full-time, part-time, and PRN (pro re nata or “as needed”) positions. Before assuming any job responsibilities, all staff members receive four hours of orientation encompassing requirements and procedures for reporting abuse and neglect, confidentiality of resident information, universal precautions, conditions that require manager notification, resident rights and emergency and evacuation procedures. Personnel records are maintained for each employee documenting background screening, health records and trainings. Staff members who spoke with the Ombudsman’s representatives indicated that there were no anticipated changes to key personnel.

## **2. Regulatory**

CCCS Allen is licensed by the Texas Health and Human Services Commission (“HHSC”) as a type “B” assisted living facility certified to provide specialized services to residents with Alzheimer’s disease and related conditions. Type “B” assisted living facilities provide care for residents who may require help to evacuate, are incapable of following directions under emergency conditions, require staff attendance at night and may require assistance transferring to and from a wheelchair. HHSC conducts routine and nonroutine inspections, surveys, complaint investigations and other visits for the purpose of determining the appropriateness of resident care and day-to-day operations and is required to inspect a facility at least once every two years after the initial license inspection. HHSC conducted an on-site complaint investigation on July 19, 2022, for alleged noncompliance in quality of care; neglect; physical environment; administration and personnel; and infection control. HHSC found that the areas of alleged noncompliance were unsubstantiated during the complaint investigation survey.

## **3. Resident Observation/Life Enrichment**

During the initial tour of CCCS Allen, the residents appeared well groomed and appropriately dressed. The communal areas were clean and odor free with adequate space and furnishings to accommodate the residents. The Ombudsman’s representatives observed the Facility staff interacting with the residents using both verbal and non-verbal communication. CCCS Allen provides structured life enrichment programs to the residents on a daily basis. The programs offer social, educational, and recreational activities and are constructed to enhance self-esteem by drawing upon the resident’s abilities and offering them support. The Ombudsman’s representatives observed the staff encouraging the residents to participate in various activities. Monthly activity calendars were posted in residents’ rooms and were available at the front desk.

#### **4. Resident Interview**

The Ombudsman's representatives interviewed four residents during their visit. The four residents indicated that the staff was pleasant and they enjoyed the activities, the programs and the meals that are provided. In addition, the residents were asked about the Facility's observance of the following resident rights and services:

- Being treated with dignity, consideration, and respect;
- Making choices about their care;
- Attending activities of social, religious, or community groups;
- Visiting or communicating with anyone of the resident's choice at any reasonable hour;
- Sending and receiving unopened mail;
- Reporting concerns and facility responses;
- Meals;
- Having enough staff to provide needed care.

The residents who were interviewed indicated that they had no concerns regarding violations of these resident rights and services. No resident rights violations were observed during the visit to the Facility.

#### **5. Clinical Services / Medical Records**

Clinical services at CCCS Allen are overseen by a licensed nurse serving as the director of health and wellness. Direct care staff includes licensed nurses, medication aides and caregivers scheduled for eight-hour shifts. Interviews were conducted with two caregivers and the director of health and wellness and no concerns were reported regarding any staffing shortages that might impact the delivery of care and services to the residents.

An electronic medical record is maintained for each resident utilizing MatrixCare EHR. The staff was observed minimizing laptop screens in public areas to ensure confidentiality of records. The Ombudsman's representatives conducted a review of medical records and the residents' records contained advanced directives, assessments of physical and mental status, assistance requirements for activities of daily living, physician orders, diet, medication administration capability, medication administration record, and laboratory results. Health evaluations are conducted at scheduled intervals and when changes in health or functional status occur, updated personalized service plans appear to be in place. Service plans reviewed by the Ombudsman's representative contained adequate information to provide appropriate resident care and services.

## **6. Risk Management**

CCCS Allen holds a monthly quality assurance and safety committee meeting. Areas reviewed include environmental safety inspection findings, emergency response drill efficacy, incident root cause analysis, customer complaints and Facility training needs. Committee members evaluate concerns identified during the meeting and establish processes to reduce future risk and promote improvement of Facility services.

The staff at CCCS Allen conduct daily meetings to review accidents and incidents, skin impairment, weight loss, behavioral concerns, and hospice residents' status. The Ombudsman's representatives observed that appropriate interventions are in place for residents identified during the risk meetings. The wellness director indicated that no major accidents or injuries have occurred at the Facility.

## **7. Infection Control/COVID-19**

Responsibility for the oversight of the COVID-19 and infection control programs is designated to the director of health and wellness. The COVID-19 program includes education, early identification, transmission-based precautions, infection control, and transfer of persons with active COVID-19 as needed. The program incorporates the following components as recommended by the federal Centers for Disease Control and Prevention (“CDC”):

- screening and surveillance of residents, employees and visitors for signs and symptoms of COVID-19;
- prompt recognition and, as soon as possible, isolation or transfer of residents with probable or confirmed COVID-19;
- infection control methods to prevent and reduce the generation of infectious droplet nuclei (*e.g.*, staff training on standard precautions, transmission-based precautions, and cough/sneeze hygiene);
- Guidelines for cleaning and disinfecting;
- Reporting probable and confirmed communicable diseases to the appropriate agency and/or authority;
- Postings within CCCS Allen that promote education of COVID-19 and infection prevention, which includes hand hygiene;
- Communication with, and education for, the residents and their representatives;
- Communication with, and education for, the staff, contracted vendors, and others as appropriate; and
- Collaboration with the Facility staff.



No COVID-19 infections were present at CCCS Allen on the date of the visit, and the date of the last confirmed COVID-19 infection was July 17, 2022. Postings located throughout CCCS Allen promoted hand hygiene and infection prevention. An adequate supply of hand hygiene products were available throughout the Facility. Personal protective equipment and rapid COVID tests were available and secured in a locked closet. The Facility staff observe and monitor compliance with infection control standards daily.

#### **8. Dietary Service/Kitchen**

CCCS Allen provides three meals a day. Meals are served in a spacious main dining area with optional meal delivery to resident apartments. The furnishings were clean and well maintained with adequate seating for the residents. Monthly menus were posted in the dining and communal areas. CCCS Allen provides alternative food choices that are made to order for the residents and offers snacks 24-hours a day. During the kitchen tour with the dining service manager, the Ombudsman's representatives observed the staff wearing hair nets and gloves, and following infection control protocols to prevent food borne illnesses. The food stored in the refrigerator, freezer, and dry storage areas was organized and appropriately dated and it appeared that CCCS Allen maintained adequate food supplies to meet residents' nutritional requirements. In addition, the Ombudsman's representatives observed that:

- the kitchen equipment and cooking utensils were clean and in working order;
- temperature logs were maintained and current for the refrigerator, freezer, and dish machines;
- routine equipment service and maintenance logs were current; and
- cleaning schedules were posted with appropriate supplies available.

The kitchen was inspected by the City of Allen on April 11, 2022, with no violations reported.

#### **9. Emergency Preparedness**

The Ombudsman's representatives reviewed the Facility's written emergency preparedness and response plan, which comprehensively describes its approach to disasters that could affect the ability to provide resident care and services. The written plan is based on a risk assessment that identifies disasters that may occur. The Facility's plan addressed the required eight core functions of emergency management:

- Direction and Control: designation of the Facility staff person with the responsibility and authority to direct, control, and manage the Facility's response to a disaster or emergency.
- Warning: identifies who, including during off hours, weekends, and holidays, will monitor and notify the responsible person of a disaster or emergency, and the methods and procedures for notification.
- Communication: identified the Facility's primary mode of communication to be used during an emergency, including supplemental or alternate mode of communications; emergency contact information and specialized assistance needs for each resident; contact information for the Facility staff; and the method for the Facility to communicate information to the public and support services agencies.
- Sheltering Arrangements: the Facility's plan for sheltering arrangements describes the procedure for making and implementing a decision to remain in the Facility during a disaster or emergency, including the procedure for notifying HHSC.

- Evacuation: the Facility has the discretion to determine when an evacuation is necessary for the health and safety of the residents and the staff unless mandated by local or state authorities, including evacuation destinations and routes.
- Transportation: identified arrangements to safely evacuate all of the residents.
- Health and Medical Needs: identified procedures to enable each resident to continue to receive services from the appropriate provider.
- Resource Management: identified a plan for obtaining, transporting, and storing medications, records, food, water, equipment, and supplies needed for both the residents and the staff during an emergency evacuation.

The Facility reviews and provides the staff emergency preparedness training annually.

#### **10. Vendor Relationships**

During interviews with the Ombudsman's representatives, the executive director, director of health and wellness, and dietary director indicated that all vendor relationships are stable and supplies and services are delivered timely.

#### **11. Maintenance/Housekeeping/Laundry**

When residents are admitted to the Facility, they are notified when scheduled weekly housekeeping services are provided in their apartments. Laundry service for personal items and linens are provided weekly at no charge to the residents. According to the staff, the residents' rooms and apartments are inspected at scheduled intervals in order to conduct routine and preventative maintenance services for them. There were no resident concerns identified or reported during the visit.

Routine Facility maintenance appears to be conducted timely. No Facility contracted maintenance service interruptions were reported during the visit. The Ombudsman's

representatives reviewed the logs for fire drills, elopement dills, generator maintenance, and safety issues and did not find any concerns.

## **B. Christian Care Communities and Services-Fort Worth**

### **1. Overview**

Christian Care Communities and Services-Fort Worth (“**Lakewood Village**”) is a 51-acre campus comprised of a two-story main building housing 42 assisted living apartments and 15 memory care assisted living apartments with additional independent cottages located on a 51-acre campus.

The Ombudsman’s representatives visited Lakewood Village on August 17, 2022. As of today, the campus census is 155 of 218 units for an occupancy rate of 71.1%. The Lakewood Village’s grounds and physical plant appeared to be well-maintained. The entrance sign was plainly visible and the campus parking area was adequate to support the Facility’s operations. Visitors enter through one of two reception areas and complete an electronic COVID-19 screening process prior to being issued a visitor badge. COVID-19 information is prominently posted, and hand hygiene supplies and optional use face masks are available to visitors.

Lakewood Village has 70 employees, including all full-time, part-time, and PRN positions. The staff indicated to the Ombudsman’s representatives, that personnel records are maintained for each employee, documenting background screening, health records and trainings. The staff receive four hours of orientation before performing any job responsibilities, with an additional fours of training for Facility’s that provide dementia care. The staff indicated that there were no anticipated changes to key personnel.

## **2. Regulatory**

Lakewood Village is licensed by HHSC as a type “B” assisted living facility certified to provide specialized services to residents with Alzheimer’s disease and related conditions. The allowable services and inspection protocols noted in Section A.2 above also apply to Lakewood Village. HHSC last conducted an incident investigation and annual licensing inspection survey on June 22, 2021. No violations were identified, and the Facility remains in regulatory compliance.

## **3. Resident Observation/Life Enrichment**

During the initial tour of Lakewood Village, the Ombudsman’s representatives observed residents conversing with the dining room staff. Interactions between the staff and the residents appeared courteous, with residents laughing on occasion. The residents were dressed appropriately and appeared well groomed. Environmental observations found the communal areas and the resident apartments to be clean and free of objectionable odors. Lakewood Village life enrichment programs are provided daily to the residents. The staff encourages the residents to participate in the various programs and offers them suggestions for selecting activities that reflects their needs, abilities and interests. These programs are designed to promote socialization, cognitive awareness, self-expression, and physical activity based on each of the resident’s assessment. Monthly activity calendars were observed in the resident rooms and at the front desk.

## **4. Resident Interview**

During the initial tour, the Ombudsman’s representatives conducted informal interviews with the residents. Summary comments from the resident reports indicate that the Lakewood Village staff are pleasant and both the activity programs and the meals are enjoyable.

The Ombudsman representatives conducted interviews with six residents regarding the Facility’s observance of the resident rights and services described in Section A.4 above. The

residents who were interviewed indicated that they had no concerns regarding violations of resident rights and services. No resident rights violations were observed during the visit to the Facility.

#### **5. Clinical Services / Medical Records**

At Lakewood Village, clinical services and records administration are overseen by a licensed nurse serving as the director of health and wellness. Direct care staff includes licensed nurses, medication aides and caregivers, all of whom are scheduled for eight hour shifts. Interviews conducted by the Ombudsman's representatives with three caregivers and the director of health and wellness did not reveal any concerns regarding staffing that might impact the delivery of care and services to residents

Medical records for each resident are maintained electronically utilizing MatrixCare EHR. The Ombudsman's representatives observed the staff employing appropriate privacy protocols while using computer equipment in public areas to ensure confidentiality of resident records. The Ombudsman's representatives conducted a review of medical records and found that they contained advanced directives, assessments of physical and mental status, assistance requirements for activities of daily living, physician orders, diet, medication administration capability, medication administration record, and laboratory results. The Ombudsman's representatives reviewed selected records showing that health evaluations are conducted at scheduled intervals and when changes in health or functional status occur, updated personalized service plans appear to be in place. During the review of service plans, the Ombudsman's representatives indicated that adequate information was present to deliver appropriate resident care and services. There were no concerns regarding HIPAA compliance.

## **6. Risk Management**

Lakewood Village holds a monthly quality assurance and safety committee meeting to review the results of environmental safety inspections, emergency drills, and customer complaints. The committee members utilize root cause analysis techniques to analyze each incident, evaluate any concerns identified, establish processes to reduce risks and to promote service improvements, and determine any Facility training needs. The Facility staff also conduct daily meetings to review accidents and incidents, skin impairment, weight loss, behavioral concerns, and hospice residents' status. Those residents identified during meetings to be "at-risk" appear to have appropriate interventions in place. The wellness director indicated that no major accidents or injuries have occurred at the Facility.

## **7. Infection Control/COVID-19**

The director of health and wellness has been delegated responsibility for the oversight of the COVID-19 and infection control programs. Lakewood Village's COVID-19 program includes education, early identification of cases, transmission-based precautions, infection control and transfer of persons with active COVID-19, as needed. The program incorporates the components recommended by the CDC and set forth in Section A.7 above.

No COVID-19 infections were present at Lakewood Village on the date of the visit, and the last confirmed COVID-19 infection occurred on July 17, 2022. Postings located throughout Facility promoted hand hygiene and infection prevention. The Ombudsman's representatives observed adequate supplies of hand hygiene products available at the Facility. Personal protective equipment and rapid COVID tests were available and secured in a locked closet. The Facility staff at Lakewood Village observe and monitor compliance with infection control standards daily.

## **8. Dietary Service/Kitchen**

Lakewood Village furnishes residents with three meals a day. The dining room furniture was clean and well maintained with adequate seating for the residents. Monthly menus were posted in the dining and communal areas. Alternative menu items were available to the residents. During the kitchen tour with the dining service manager, the Ombudsman's representatives observed the staff wearing hair nets and gloves and following the infection control protocols to prevent food borne illnesses. Food stored in the refrigerator, freezer, and dry storage areas were organized and appropriately dated. The Ombudsman's representatives observed that:

- the kitchen equipment and cooking utensils were clean and in working order;
- temperature logs were maintained and current for the refrigerator, freezer, and dish machines;
- routine equipment service and maintenance logs were current; and
- cleaning schedules were posted with appropriate supplies available.

## **9. Emergency Preparedness**

The Ombudsman's representatives reviewed the Facility's written emergency preparedness and response plan, which comprehensively described its approach to disasters that could affect the ability to provide resident care and services. The written plan was based on a risk assessment that identifies disasters that may occur. The Facility's plan addressed the required eight core functions of emergency management as described in Section A.9 above. The Facility reviews and provides staff emergency preparedness training annually.

## **10. Vendor Relationships**

The Ombudsman's representatives conducted interviews with the executive director and several department heads. Based upon these interviews, it appears that vendor relationships are



stable and not affected by supply chain issues. The staff indicated that both supplies and services are delivered in a timely manner.

#### **11. Maintenance/Housekeeping/Laundry**

When residents are admitted to the Facility, they are notified when scheduled weekly housekeeping services are provided in their apartments. Laundry service for personal items and linens are provided weekly at no charge to the residents. According to the staff, the residents' rooms and apartments are inspected at scheduled intervals in order to conduct routine and preventative maintenance services for them. There were no resident concerns identified or reported during the visit.

Routine Facility maintenance appears to be conducted timely. No Facility contracted maintenance service interruptions were reported during the visit. The Ombudsman's representatives reviewed the logs for fire drills, elopement drills, generator maintenance, and safety issues and did not find any concerns.

### **C. Christian Care Communities and Services-Mesquite**

#### **1. Overview**

Christian Care Communities and Services-Mesquite ("CCCS Mesquite") is located within a 26 acre community with a golf course. The multi-building campus offers independent living apartments, assisted living, memory care, community home health and hospice services, as well as a skilled nursing and rehabilitation unit.

The Ombudsman's representatives visited CCCS Mesquite over a two-day period. The visits occurred on August 15, 2022 and August 16, 2022. Observations by the Ombudsman's representatives found the grounds and physical building to be well-maintained. The campus signs gave clear direction to visitors as to the location of individual buildings on the property. The

Ombudsman's representatives noted that there were multiple parking areas sufficient to accommodate the needs of emergency response providers, visitors, and staff. A central lobby provides visitors access to the assisted living, memory care, skilled nursing, and rehabilitation units. Upon arrival, all visitors undergo an electronic COVID-19 screening process prior to issuance of a visitor badge. There are hand hygiene supplies and face masks available to all visitors and COVID-19 information is prominently posted within the Facility. As of today, the campus census is 342 of 452 units for an occupancy rate of 75.7%.

CCCS-Mesquite has 322 employees, including all full-time, part-time, and PRN positions. The staff indicated that personnel records are maintained for each employee documenting background screening, health records and trainings. The staff receive four hours of orientation before performing any job responsibilities, with an additional four hours of training to provide dementia related care and services. Presently, the Facilities utilize contracted staff to fill open scheduled shifts. Recruiting efforts for permanent staff are ongoing.

## **2. Regulatory**

CCCS-Mesquite has two type "B" licensed Facilities, each with its own license from HHSC. The assisted living facility is licensed with the same allowable services and inspection protocols noted in Section A.2 above. HHSC last conducted an incident investigation and annual licensing inspection survey on March 29, 2021. No violations were identified, and the Facility remains in regulatory compliance.

The skilled nursing Facility is licensed with an Alzheimer's certification and provides institutional care to individuals whose medical condition regularly requires the skills of licensed nurses. HHSC last conducted an incident investigation and health visit inspection survey on March 16, 2021. No violations were identified, and the Facility remains in regulatory compliance.

The community's home health service was last surveyed by HHSC on October 22, 2021 for re-certification and re-licensure with no violations of deficiencies reported. The hospice service was last surveyed August 2, 2021, with no violations and remains in regulatory compliance.

As previously noted, HHSC conducts routine and nonroutine inspections, surveys, complaint investigations and other visits for the purpose of determining the appropriateness of resident care and day-to-day operations of licensed facilities and services providers.

### **3. Resident Observation/Life Enrichment**

The residents at CCCS-Mesquite residents appear to be receiving direct care that meets or exceeds applicable standards. Observations indicated that interactions between the residents and the staff were courteous and that residents were engaged in the conversations that they were having; furthermore, the residents were dressed appropriately and appeared well groomed. Both the public areas and resident living quarters were observed to be clean and odor free.

CCCS-Mesquite resident life enrichment programs are provided on a daily basis. The programs are designed to encourage socialization, cognitive awareness, self-expression, and physical activity based on the resident's assessment and abilities. The Ombudsman's representatives observed the staff encouraging the residents to participate in activities and offering suggestions to selective residents which reflected their needs and interests. Monthly activity calendars were posted in the residents' rooms and were available at the front desk.

### **4. Resident Interview**

The Ombudsman's representatives conducted informal interviews with eight residents from both the assisted living and the nursing and rehabilitation units. The interviews focused on the Facility's observance of resident rights and provision of resident services as described in Section A.4 above. The residents who were interviewed indicated that they had no concerns

regarding violations of resident rights and services. No resident rights violations were observed during the visit to the Facility.

The Ombudsman's representatives also interviewed two persons with family members residing in the Facility. The family members reported no care concerns or resident right violations. One resident family member reported that Facility staff trained their family members on how to assist with the care of their family member who is a resident.

#### **5. Clinical Services / Medical Records**

Clinical services at CCCS-Mesquite are overseen by a licensed nurse serving as the director of health and wellness. Direct care staff includes licensed nurses, medication aides and caregivers scheduled for eight-hour shifts. Interviews were conducted with three caregivers, two licensed nurses and the director of health and wellness. Those staff members interviewed indicated that they had no concerns regarding staffing levels that might impact the delivery of care and services to residents.

Resident medical records are maintained utilizing MatrixCare EHR. The staff was observed following appropriate procedures when using laptop computers in public areas to ensure confidentiality of the residents' records. The Ombudsman's representatives conducted a review of medical records and based upon a review of selected records, it appears that records contain advanced directives, assessments of physical and mental status, assistance requirements for activities of daily living, physician orders, diet, medication administration capability, medication administration record, and laboratory results. It appears that health evaluations are conducted at scheduled intervals and when changes in health or functional status occur, updated personalized service plans appear to be in place. The review of selected service plans and care plans by the

Ombudsman's representative found that adequate information was present to provide appropriate resident care and services. There were no concerns regarding HIPAA compliance.

## **6. Risk Management**

CCCS-Mesquite holds a monthly quality assurance and safety committee meeting for each of the licensed Facilities. The committee members review findings from environmental safety inspections, emergency response drill results, incident root cause analysis, customer complaints and facility training needs. The committee members evaluate concerns identified during the meeting and establish processes to reduce risk and promote service improvements.

The CCCS-Mesquite staff conduct daily meetings to review accidents and incidents, skin impairment, weight loss, behavioral concerns, and hospice residents' status. Appropriate interventions appear to be in place for those residents identified during the risk meetings as requiring action. The wellness director indicated that no major accidents or injuries have occurred at the Facility.

## **7. Infection Control/COVID-19**

The director of health and wellness has oversight responsibility for the COVID-19 and infection control programs at CCCS-Mesquite. The COVID-19 program includes education, early identification of cases, transmission-based precautions, infection control and transfer of persons with active COVID-19 as needed. The program incorporates the components as recommended by the CDC and described in Section A.7 above.

No COVID-19 infections were present at CCCS-Mesquite on the date of the visit, and the last confirmed COVID-19 infection occurred on August 14, 2022. Facility postings promote hand hygiene and infection prevention. The Ombudsman's representatives observed adequate supplies of hand hygiene products on-hand and available for use. Personal protective equipment and rapid

COVID tests were available and secured in a locked closet. Facility staff monitor compliance with infection control standards each day.

#### **8. Dietary Service/Kitchen**

CCCS-Mesquite furnishes three meals a day to the residents in the nursing, assisted living, and memory care units. The Facility posts monthly menus in the dining and common areas. The residents can choose alternative menu items if they do not care for the menu selections of the day. The dining room furnishings were clean and well maintained with adequate seating for the residents.

During tours of both kitchens with the dining service managers, the Ombudsman's representatives observed compliance with appropriate sanitation and infection control protocols. The staff were wearing hair nets and gloves, maintaining infection control standards to prevent food borne illnesses. Food stored in the refrigerator, freezer, and dry storage areas were organized and appropriately dated. The Ombudsman's representatives observed that:

- the kitchen equipment and cooking utensils were clean and in working order;
- temperature logs were maintained and current for the refrigerator, freezer, and dish machines;
- routine equipment service and maintenance logs were current; and
- cleaning schedules were posted with appropriate supplies available.

The City of Mesquite conducted a kitchen inspection on July 26, 2022. Four violations were issued at the time of the inspection and were corrected prior to the Ombudsman's visit.

#### **9. Emergency Preparedness/Life Safety**

CCCS-Mesquite assisted living and memory care units were inspected by the Mesquite Fire Department on July 19, 2022. The fire department inspection cited the Facility with 12 general fire

code violations, with a compliance date of August 18, 2022. The maintenance director and executive director reported to the Ombudsman's representatives that the violations were corrected and a follow up inspection by the Mesquite Fire Department was pending. The Ombudsman's representatives reviewed the logs for fire drills, elopement dills, generator maintenance and safety incidents and did not note any concerns.

The Ombudsman's representatives reviewed the Facility's written emergency preparedness and response plan, which comprehensively described its approach to disasters that could affect the ability to provide resident care and services. The written plan was based on a risk assessment that identifies disasters that may occur. The Facility's plan addressed the required eight core functions of emergency management as described in Section A.9 above. The Facility reviews and provides the staff emergency preparedness training annually.

#### **10. Vendor Relationships**

During the visit, the Ombudsman's representatives interviewed the area vice president of business and community development, the executive director, the director of health and wellness, and both dietary directors regarding the status of vendor relationships. Based on those interviews, it appears that all vendor relationships are currently stable and that supplies and services are delivered on a timely basis.

#### **11. Maintenance/Housekeeping/Laundry**

When residents are admitted to the Facility, they are notified of scheduled weekly housekeeping service to be provided in their apartments. Laundry service of personal items and linens is provided weekly at no charge to the residents. According to the staff, the residents' rooms and apartments are inspected at scheduled intervals to provide routine and preventative maintenance services for them. No resident concerns were identified or reported during the visit.

Routine Facility maintenance appears to be conducted in a timely manner. No Facility contracted maintenance service interruptions were reported during the visit.



**IV. CONCLUSION**

The Ombudsman did not observe any significant concerns during this Report Period.

Dated: September 6, 2022

PATIENT CARE OMBUDSMAN

By: /s/ Suzanne Koenig  
Suzanne Koenig, solely in her capacity  
as Patient Care Ombudsman in the  
above-captioned cases